

**Maternal and Child Health (MCH)
Program Details
Application Guidance**

General Information:

- The KDHE MCH Manual must be used in the development of the MCH grantee's policy manual.
- Healthy Start Home Visitor (HSHV) and Home visiting services provided locally must follow KDHE program and training requirements.
- The local grantee must use evidence-based practices in their work.
- The local grantee must engage in public awareness activities and develop a referral network.
- The local grantee will develop a program evaluation process that uses client satisfaction survey and community needs assessment information to assess their program and make changes to services based on responses.
 - The local grantee may use the current MCH Survey card or develop another survey form. These will be used internally to enhance or improve services and inform future activities. These surveys will not be sent to KDHE. Client satisfaction will be assessed as part of the site visit monitoring process.
- For multi county/agency grantees only, the designated lead organization must maintain the letters of commitment from participating organizations.
- At least one person from your agency is required to attend technical assistance calls and webinars provided by KDHE.
- All new MCH program staff and administrators are required to complete MCH training.
- The MCH Program Manager from your agency will participate in any scheduled site visits provided by KDHE.
- The local grantees must submit client encounter data using electronic means at least once a month. Paper Client Visit Record (CVR) will be accepted only if electronic means are not available.
- Income and family size of all MCH clients must be determined and documented at least annually
- A sliding fee scale with a minimum of four increments must be established and implemented for all MCH services provided. This program does not require the fee scale to slide to zero.
- A penalty will be assessed for delinquent reports.

Attachments:

- A.1 - Attach an Organizational Chart
 - Name the attachment [Applicant Agency Name] Organizational Chart
- D.2 - Attach a Summary of your Community Needs Assessment
 - Name the attachment [Applicant Agency Name] Summary of Community Needs Assessment
- D.7 - Attach a Healthy Start Home Visitor Services Work Plan
 - Name the attachment [Applicant Agency Name] Work Plan

Program Contacts:

Carrie Akin
MCH Program Consultant
785-296-1234
cakin@kdheks.gov

Barbara Kramer
Maternal/Family and Early Childhood Health Consultant
785-296-1308
bkramer@kdheks.gov